

<b>Case Number:</b>	CM15-0044248		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 60-year-old employee with date of injury of 7/29/14. Medical records indicate the patient is undergoing treatment for chronic pain syndrome right lower leg, right anterior shin pain, mrsa infection, and probable peripheral neuropathy. Subjective complaints include right lower leg pain and right foot always cold. Objective findings include right lower leg redness, sensitive to touch and pain 9/10. Treatment has consisted of medications, chiropractic care, acupuncture, and wound care. The utilization review determination was rendered on 2/2/15 recommending non-certification of Acupuncture, Right Lower Extremity, 1 time per week for 4 weeks, Bone scan, Right Leg, and Chiropractic Physiotherapy, Right Lower Extremity, 2 times weekly for 4 weeks (8).

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Acupuncture, Right Lower Extremity, 1 time per week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Acupuncture.

**Decision rationale:** MTUS state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Additionally, medical documents do not indicate that pain medications are not tolerated. It is also not clear how acupuncture is relevant to the patient's current diagnosis. As such the request for Acupuncture, Right Lower Extremity, and 1 time per week for 4 weeks is not medically necessary at this time.

**Bone scan, Right Leg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 329-360; 361-386. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg & Ankle and Foot, Bone Scan.

**Decision rationale:** ACOEM states that imaging studies may be recommended if there is an Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery or Clarification of the anatomy prior to an invasive procedure.ODG Indications for imaging. Bone Scan (Radioisotope Bone Scanning): Bone scans may be utilized to rule out: Tumor (suspected neoplastic conditions of the lower extremity). Stress fractures in chronic cases (occult fractures, especially stress fractures, may not be visible on initial x-ray; a follow-up radiograph and/or bone scan may be required to make the diagnosis). Infection (99MTechnecium diphosphonate uptake reflects osteoblastic activity and may be useful in metastatic/primary bone tumors, stress fractures, osteomyelitis, and inflammatory lesions, but cannot distinguish between these entities.) Complex regional pain syndrome/CRPS-I/ Reflex sympathetic dystrophy (discontinued nomenclature), if plain films are not diagnostic. Based on the history of infection, it is important to rule out that an infection has not spread to the bones. The treating physician has provided medical documentation to meet the above guidelines. As such, the request for Bone scan, Right Leg is medically necessary.

**Chiropractic Physiotherapy, Right Lower Extremity, 2 times weekly for 4 weeks (8):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Chiropractic, Manipulation.

**Decision rationale:** MTUS states for Knee, Ankle and foot not recommended. ODG states for knee and leg not recommended. There are no studies showing that manipulation is proven effective for patients with knee and leg complaints. Guidelines recommend against chiropractic for knee, ankle, and foot. It is also not clear how chiropractic care is relevant to the patient's current diagnosis. As such, the request for Chiropractic Physiotherapy, Right Lower Extremity, 2 times weekly for 4 weeks (8) is not medically necessary.